

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000354277

**Entity Name:** STEPHANIE ARNP LLC

**Current Principal Place of Business:**

6006 BELLA ROAD  
PARRISH, FL 34219

**Current Mailing Address:**

6006 BELLA ROAD  
PARRISH, FL 34219 US

**FEI Number:** 87-2145322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARREOLA, STEPHANIE  
6006 BELLA ROAD  
PARRISH, FL 34219 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED MEMBER
Name	ARREOLA, STEPHANIE	Name	ARREOLA, CLAUDIO
Address	6006 BELLA ROAD	Address	6006 BELLA ROAD
City-State-Zip:	PARRISH FL 34219	City-State-Zip:	PARRISH FL 34219

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE ARREOLA

**MGRM**

**03/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date